

Back-to-School Immunizations Underway

By Andie Denious, M.S., R.N.

When parents are asked whom they depend upon to know what shots their children need for school, their answer is invariably "my doctor." Knowing the immunization schedule and school entry/attendance requirements will save physician offices valuable time and unnecessary return appointments.

With the start of school soon upon us, provider offices should have already begun scheduling their school age patients for the needed immunizations. For most grades, the three-dose hepatitis B series is required and can take from four to six months to complete. Beginning the series in the spring prior to start of school in the fall is optimal so the series is complete by the start of school. Students who started the series late but are "dose current" (too soon to get the next dose) will be allowed to attend school but will have to get the additional doses when due or they will be excluded.

In addition to the DTaP, polio and MMR requirements for all students in

grades Kindergarten through 12, a second MMR and the hepatitis B series is required for students in selected grades. The chart (Figure 1) provides an overview of the grade requirements for the second MMR and hepatitis B for school starting in September 2003 and through 2005 when all grades Kindergarten through 12 will be included.

The Arizona School Immunization law allows specific exemptions:

- Medical exemptions
- Personal beliefs exemptions

Medical exemptions require the exemption form to be signed by both the parent and the physician. The form must specify the vaccines and the reason for and duration of the exemption.

Exemption forms may be obtained from schools.

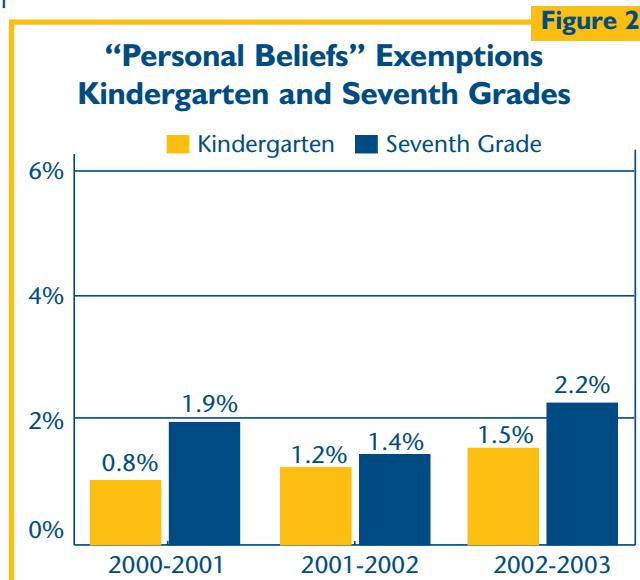
Annual statewide immunization coverage assessments of Kindergarten and 7th grades indicate 95% or

higher levels. Exemption data is also collected, and based on the 2002 – 2003 results, personal beliefs exemption rates in both Kindergarten and 7th grade remain low but indicate a slight increase over the past three years. Medical exemption rates are insignificant at less than 0.03%. (See Figure 2).

The slight increase in personal beliefs exemptions may, in part, be due to anti-vaccine messages. Physicians should be able to provide accurate, reliable vaccine and immunization information to their patients when questioned about the safety of vaccines, and the necessity for immunizations. See side bar on page 2.

Implementation Schedule for 2nd MMR and Hepatitis B Immunization Requirements													Figure 1
	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
September													
2003	x	x	x	x	x	x		x	x	x	x		
2004	x	x	x	x	x	x	x	x	x	x	x	x	
2005	x	x	x	x	x	x	x	x	x	x	x	x	x

Figure 1



Visit the ADHS Web site at www.hs.state.az.us

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Recently published articles addressing some of these issues include:

"Addressing Parent's Concerns: Do Vaccines Cause Allergic or Autoimmune Diseases?"

Authors: Offit PA, Hackett CJ
Pediatrics, March 2003, Vol. 111(3):653-9

"Thimerosal and Autism?"

Authors: Nelson KB, Bauman ML
Pediatrics, March 2003, Vol. 111(3):674-9

"The Power of 'Box A'"

Author: Offit PA
Expert Revue Vaccines, 2003, Vol. 2(1):89-91

"Addressing Immunization Barriers, Benefits, and Risks"

Authors: Kimmel SR, Burns IT, Zimmerman RK
Journal of Family Practice, January 2003, Vol. 52(1 Supple):S47-55

"Current Controversies in Vaccination: Vaccine Safety"

Author: Maldonado YA
JAMA, December 25, 2002, Vol. 288(24):3155-3158

"Suspensions about the Safety of Vaccines"

Author: Campion EW
New England Journal of Medicine, November 7, 2002, Vol. 347(19):1474-5

"Immunization Safety Review: Multiple Immunizations and Immune Dysfunction (2002)" Institute of Medicine

Please contact the Arizona Immunization Program Office at 602-230-5852 for questions concerning state immunization school laws, immunization issues, vaccines or vaccine safety issues.

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Arizona Leads the Nation in Heat Related Deaths

By Will Humble

If you asked your patients this summer which natural phenomena represents the greatest threat to their health, would they answer "snakes & spiders," "lightning," or would they say the heat itself? Your patient that answers the heat itself would be right, especially if he is over the age of 65.

On average, about 35 Arizona residents die every year from overexposure to heat in Arizona. Of course, this doesn't count the hundreds of immigrants that perish each year crossing the U.S Mexico border. Not surprisingly, Arizonans are at higher risk for heat related deaths than other Americans. Arizona's mean annual death rate from 1992 to 2002 (6.8 per million per year) is the highest in the country, more than 4 times higher than the national mean of 1.5 per million per year.

All persons are at risk for hyperthermia when exposed to a sustained period of excessive heat. However, the primary risk factors include increasing age, low fluid intake, excessive exercise, alcohol and/or drug use, cardiac or mental illness, the use of prescription drugs, and prolonged outdoor activities.

Arizona's risk factors are remarkably similar to the national risk factors. Nationally and in Arizona, the average annual rate of heat-related deaths increases with each age group, particularly for persons aged >65 years. Nationally, the annual death rate from overexposure to heat was two times higher for men than for women. In Arizona, the death rate for men is 3 times higher than for women.

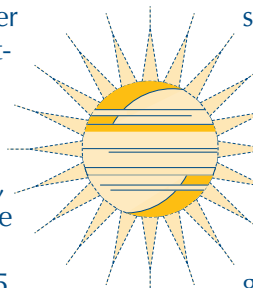
Heat-related illness can begin as sunburn and fatigue and progress to heat cramps, heat exhaustion, and heatstroke. The two most serious types of heat-related illness are heat exhaustion (heavy sweating, paleness,

muscle cramps, tiredness or weakness, dizziness or headache, nausea or vomiting, and faintness) and heatstroke (oral temperature of > 39.4 C; rapid, strong pulse; red, hot, and dry or sweaty skin; throbbing headache or dizziness; nausea; confusion; and unconsciousness). Untreated heat exhaustion can progress to heatstroke, a medical emergency. Even when treated, the death rate for heatstroke may be as high as 33%. Permanent neurologic damage occurs in up to 17% of survivors, and its likelihood increases with longer duration of heatstroke.

The Arizona Department of Health Services offers the following prevention tips to avoid heat-related illness:

- Never leave infants, children or pets inside a parked vehicle.
- Increase fluid intake, regardless of activity level. Don't wait until thirsty to drink fluids; drink more liquid than one's thirst indicates.
- Avoid "heat hangover." Continue to drink fluids even after strenuous activity. This will enable the body to maintain optimum hydration, and help prevent the after effects of heat exposure such as headaches and fatigue.
- Avoid beverages containing alcohol, caffeine or large amounts of sugar as they dehydrate the body. Avoid very cold beverages as they cause stomach cramps.
- Limit exercise or outdoor activity between the hours of 11 a.m. and 3 p.m. when the sun is at its peak intensity. If active during this time frame, drink a minimum of 16 to 32 ounces of water each hour.
- Some medications, both prescription and over-the-counter, may increase the risk of heat related illness.

Will Humble is the Office Chief of Environmental Health at ADHS and can be reached at 602.230.5941 or whumble@hs.state.az.us.



Syphilis Rates On The Rise

By Victorio Vaz, Ph.D., D.V.M.

After 11 consecutive years of a declining trend, the overall rates of primary and secondary (P&S) syphilis reported in the United States have increased for the first time in 2001.

The rate of P&S syphilis was highest in the 35-39 year age group among men and the 20-24 year age group among women. Syphilis rates among men rose by 15% in 2001. This increase coincided with outbreaks reported in several cities among men who have sex with men. The increase in syphilis underscores the importance of the connection between syphilis and HIV. Syphilis causes genital ulcers, which increase the likelihood of sexual transmission of HIV by two- to five-fold.

In Arizona, P&S syphilis rates have increased consistently among men and women after an all-time low in 1995. In 2002, rates among men and women were 4.9 and 2.9 per 100,000 population, respectively. Arizona had the fifth highest P&S syphilis rate in the country in 2002 based on provisional data. Among persons of both sexes, the incidence rate was highest among those in young adults, the 20 to 24 year age group. Also of concern, are the rates

of congenital syphilis (CS), which were 39 and 22 per 100,000 live births in 2001 and 2002, respectively. Despite the decrease last year, the 2002 rate is still more than twice the national rate and is the second highest in the country. Inadequate prenatal care is associated with CS, as is the lack of health-care provider adherence to CS screening recommendations.

Inadequate prenatal care is associated with CS, as is the lack of health-care provider adherence to CS screening recommendations.

This upsurge in syphilis requires an aggressive response from private health care providers and public health officials. Yet we have an opportunity here. The relatively low rates of syphilis nationwide combined with cases concentrated in few areas, particularly in the South, provides a window of opportunity to eliminate syphilis. In Arizona, Maricopa County accounted for 4/5 of cases

and these were concentrated primarily in the central and south areas of Phoenix.

We encourage clinicians of patients in the central and south Phoenix inner city area to screen for syphilis more frequently, as well as clinicians with patients from anywhere with known risks (multiple sex partners, men who have sex with men, those trading sex for money or drugs, homeless persons, or those jailed within the past 3 years). In addition to the usual screen for syphilis at the first prenatal visit, we encourage obstetric and prenatal care providers for patients in this area to also test for syphilis during the third trimester (at 28 weeks gestation) and at delivery.

Your local health department's STD and HIV programs can assist you with syphilis case management and other HIV and STD prevention services, including partner management and counseling. We are grateful for your diligence in screening individuals at high risk for syphilis.

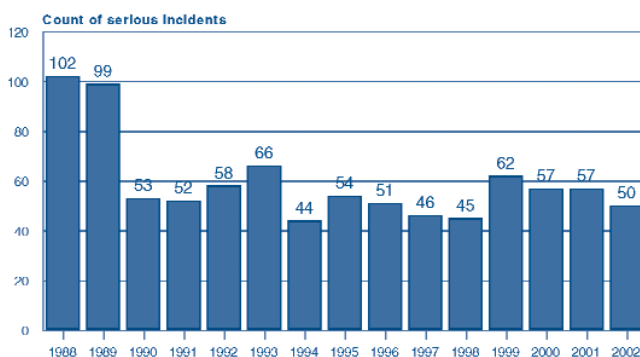
Victorio Vaz is the Office Chief of Infectious Disease Services at ADHS and can be reached at 602.230.5820 or vvaz@hs.state.az.us.

Year 2002 Pool Incidents Slightly Lower In Central Arizona

There was a modest reduction in the number of serious, pool-related incidents in 2002 that lead to 9-1-1 calls to fire departments in Maricopa County. In 2002 there were 50 such life-threatening incidents involving children (age 0-4 years) in pools. This was the lowest count in the past four years. Most incidents

occur in the months of June, July, and August in backyard pools. Health care workers can continue to educate parents about the risk of drowning or near drowning during this summer season, and to be aware of the need to maintain constant supervision if there is a pool or any body of water present.

SWIMMING POOL INCIDENTS: 0-4 YEAR OLDS LIFE THREATENING(9-1-1) CASES IN MARICOPA CO.



Data reported by participating fire departments in Maricopa County. Child's outcome can be alive or dead.

ADHS TO BEGIN MOVE TO NEW BUILDING

The Arizona Department of Health Services on July 3 will begin moving about 800 employees to a new building on 18th Avenue and Monroe across the street from ADHS' existing headquarters in Phoenix. When the move is completed Aug. 31, it will be the first time in more than 20 years that most of the Phoenix-based ADHS employees will be working together in the same location. The State Laboratory will be moving into a new building north of the existing headquarters in May 2004. ADHS will soon begin sending cards and e-mail indicating new office addresses and phone numbers. More detailed information will also be printed in a future issue of Prevention.



We can hear you thinking, "Why do I need to learn about smallpox? There's not a single case of smallpox in the world! I've got more pressing things to worry about." Here are three reasons why physicians need to know about smallpox:

Smallpox vaccine continues to be given throughout the country and to the military. Physicians need to know how to diagnose and treat complications of smallpox vaccine.

Physicians will be asked to determine that rashes are not smallpox. Knowing how smallpox behaves will help you to do this.

In the unlikely event that mass vaccination for smallpox is needed in Arizona (because there are cases identified somewhere in the world), there will be too many side effects to be handled by public health departments. Physicians will have to manage these complications.

Smallpox vaccine is the most reactogenic of all licensed vaccines. Fever and local reactions can be severe enough that up to a third of vaccinees seek medical care in the two weeks following vaccination. Other side effects are less common, but can be serious and require medical attention.

Health Care Providers' Role in Mass Vaccination

If the entire state of Arizona had to quickly receive smallpox vaccination, there would be hundreds of thousands of people who would seek medical attention in the following two weeks. State and local public health departments do not have the resources to take care of such a surge. Regular health care providers would have to manage these complications.

In the case of a statewide mass vaccination program, our public health departments would continue to consult with physicians in caring for complications of vaccination. However, we would also be very busy assessing suspicious rashes,

obtaining investigational new drugs (such as vaccinia immunoglobulin or cidofovir) under protocol from the CDC for treatment of side effects, and possibly following up with contacts to real cases. Our responsiveness to your concerns under these conditions may not be optimal, so you must be able to get the information you need.

Cardiac Complications of Vaccination

There have been reports of cardiac complications after smallpox vaccination. The adverse event that appears to have causal relationship to the vaccine is myocarditis. Since the smallpox vaccine contains live virus and can cause viremia, and since many viruses are known to sometimes cause myocarditis, there is a plausible explanation for myocarditis being caused by the vaccinia virus.

There have been some cases of myocardial infarction and a few deaths occurring after smallpox vaccination, at rates within that expected for the population. When autopsies have been done, there is no evidence of myocarditis or vaccinia virus in the heart. Instead, there is evidence of long-standing coronary artery disease to explain the myocardial infarction. Additional details can be found at www.cdc.gov/mmwr/preview/mmwr.html/mm5212a2.htm.

Duration of Immunity

Protection from smallpox vaccination wanes with time. Although protection against contracting the disease wanes dramatically after 10 years or so, some protection persists for many decades, resulting in less severe disease. This was best examined in a study from smallpox outbreaks in Europe between 1950-1971 (JID Feb 1972, pp161-169).

Calculations of death rates from smallpox were stratified by how long it had been since smallpox vaccination. Those contracting smallpox without prior vaccination had a death rate of 52%. If vaccinated after expo-

sure to a case of smallpox, the death rate dropped to 29%. Those vaccinated more than twenty years before exposure had an even lower death rate at 11%. Finally, if an exposed person got smallpox despite vaccination within the previous 10 years, the death rate was only 1.4%. Thus, many of us vaccinated in the distant past have little protection against getting the disease at all, but would have a much better chance of surviving it.

Health care workers are at higher risk of getting smallpox. In the same study, of the 680 people with smallpox, 357 had contact with hospitals (health care workers, patients, visitors, or family members of hospital workers).

Preparedness

County bioterrorism coordinators are currently identifying medical personnel who would be willing to volunteer to assist during emergencies, such as smallpox mass vaccination clinics. If you are interested, contact your county health department and they can get you in touch with your county's bioterrorism coordinator. Alternatively, you can call the Arizona Department of Health Services Office of Bioterrorism (602.230.5871), and we can get you the contact numbers for your county's bioterrorism coordinator.

Smallpox vaccine has been given to a few dozen public health workers in Arizona. However, vaccination is only a small part of total preparedness. Our current vaccinations have been halted as we continue to focus on detailed planning and training with local health departments and our partners in the health care community.

See Web Resources on page 5.

Dr. Karen Lewis is Bioterrorism Medical Coordinator for the ADHS Office of Bioterrorism and Epidemic Preparedness and Response and can be reached at 602.230.5901 or klewis@hs.state.az.us.

Websites for Additional Information on Smallpox

There are several excellent websites as sources of information regarding smallpox:

www.cdc.gov
The Centers for Disease Control and Prevention has a teaching module with amazing photographs. Look under smallpox information, then under clinicians.

www.who.int
The World Health Organization has a series of 30 slides that clearly show the difference between chicken pox and smallpox rashes. It takes a few steps to find, or go directly to:
www.who.int/emc/diseases/smallpox/slideset/index.htm.

www.hs.state.az.us
The Arizona Department of Health Services website has information for physicians about bioterrorism and smallpox.

There are two different sources for data on smallpox vaccine adverse events:

The Morbidity and Mortality Weekly Report (MMWR) gives frequent updates of side effects in civilians. The most recent numbers can be found under MMWR on the CDC website, or at www.cdc.gov/mmwr/mmwrsrc.htm.

The Department of Defense updates the military's experience with the vaccine at www.smallpox.army.mil. Data from civilians and the military are compiled separately, so you will see the numbers on adverse events vary, depending on who is reporting.

Monkeypox Confirmed in U.S. for First Time

By Dr. Bob England, State Epidemiologist

Just when you thought you'd seen it all... As you've heard, human monkeypox has now been identified for the first time in the United States.

Human monkeypox is a rare zoonotic (animal) disease of central and west Africa. The agent that causes the disease is an orthopox virus (the same group as smallpox). It most commonly exists in ground squirrels and various species of rodents, and only rarely infects humans.



Human cases or suspect cases have recently occurred in several states in persons who have had direct or close contact with prairie dogs that were purchased as pets. These prairie dogs were probably infected through exposure to imported Gambian giant rats (which are actually not rodents, but marsupials) that were housed for a time in the same facility. Several other species of exotic animals were housed together at the same time, and are being tracked. Prairie dogs that may have been infected were sold to buyers in at least 15 states. Arizona is not among those 15 states.

In Arizona, prairie dogs cannot be legally imported, sold, traded, or possessed without a special permit from the Arizona Game and Fish Commission. NO prairie dogs are known or suspected to have been imported into Arizona from the pet distributor associated with the outbreak, or from any other source.

Nevertheless, at the time of this writing, Arizona has a single possible human case in an individual who was bitten by a pet prairie dog while visiting in another state. This individual is not seriously ill at this time and is being monitored closely while laboratory tests are pending.

Monkeypox is a disease that causes fever and a characteristic rash. Patients with monkeypox typically report experiencing a prodrome consisting of fever, headaches, myalgia, chills and a drenching sweat. Some report a nonproductive cough. This prodromal phase is followed 1-10 days later by a papular rash (head, trunk and extremities) that progresses through stages of vesiculation, pustulation,

umbilication and crusting. The case fatality rate has been as high as 10% in Africa.

Although person-to-person transmission is possible, such transmission has not been efficient enough to sustain long outbreaks. It is unlikely that we will see spread far beyond those who had direct contact with these infected animals or their household contacts. Nevertheless, you may see news regarding the use of smallpox vaccine for purposes of monkeypox outbreak

control. This pertains only to those people who may have been directly exposed. In Arizona, because we have only a single possible human case and no known infected animals, the use of smallpox vaccine for this purpose would be extremely limited.

Infectious agents will fill whatever ecological niche is available to them. We unwittingly imported this disease from its natural endemic focus. Now the long-term concern is that some pet owner might start another endemic focus here, by letting one of these infected animals go. If the virus gets the chance, it is conceivable it could jump species again, setting up shop in some type of North American wildlife. History is replete with diseases emerging in this way.

The federal Centers for Disease Control and Prevention (CDC) is constantly updating information and guidelines. For more information on monkeypox (including case definition, interim infection control and exposure management guidelines and interim guidance for veterinarians and pet owners) please see <http://www.cdc.gov/ncidod/monkeypox/index.htm>.

The Arizona Department of Health Services (ADHS) is working to keep local health departments and our community health care partners up-to-date on developments. If you have any questions, please contact your local health department or ADHS at (602) 230-5820.

Bob England, M.D., is the State Epidemiologist for the Department of Health Services and can be reached at 602.230.5860 or benglan@hs.state.az.us.

Noteworthy...

9th-Grader Scores Home Run In Arizona Diamondbacks' Sun Safety Poster Contest



A ninth-grade student from San Simon, Arizona, is the winner of a sun safety awareness poster contest sponsored by the Arizona Diamondbacks, the Arizona Department of Health Services and the SHADE Foundation, a non-profit organization founded by Shonda Schilling, wife of Diamondbacks' pitcher Curt Schilling.

Cristhian Bajo Peña, who attends San Simon High School, threw out the first pitch at the Diamondbacks' May 5th home game, and had his picture taken with players. He also won tickets to attend the game with his family, as did his teacher, Ms. Bethany Walter.

San Simon is located at the eastern end of Cochise County, about 15 miles from the New Mexico border. The community's entire K-12 school system has an enrollment of about 120.

More than 3,000 student artists submitted entries to the contest, designed to promote sun safety awareness among Arizona school children.

The winner and 50 semi-finalists were selected by a group of Diamondbacks' players' wives, including Shonda Schilling. The SHADE Foundation, the Curt and Shonda Schilling Foundation of America, is dedicated to educating children and adults about preventing skin cancer and to teaching about detection of potential skin problems before they become life threatening.

Curt Schilling autographed all of the semifinalists' entries, and all of the young artists who entered the contest will receive certificates of participation signed by Curt and Shonda Schilling.

The SHADE Foundation also will donate a new play-ground shade structure to the San Simon school.



To learn more about the SHADE Foundation: www.shadefoundation.org
To learn more about SunWise: www.hs.state.az.us/phs/oeh/invSurv/sunwise/index.htm

WEE Detected in Maricopa County



Maricopa County Environmental Services Vector Control reported June 20 that a mosquito pool collected at 83rd Avenue and the Salt River bottom tested positive for Western Equine Encephalitis (WEE). The virus that causes WEE is not the same as or even a close relative of the West Nile Virus (WNV).

"We have been seeing WEE in Maricopa County for at least the last five years," said John Townsend, Maricopa County Vector Control Manager. "Unfortunately, arboviruses such as WEE can affect both humans and horses," said Townsend.

Most people who become infected with WEE will either have no symptoms at all or a mild illness. The symptoms of WEE infection are similar to other viral illnesses and include headache, high fever, sore throat, dizziness, chills and an upset stomach. The mild form of the illness will last a few days and go away on its own. Persons who have the rare and more severe form of the illness will

become sleepy, confused and may develop seizures, go into a coma and on rare occasions, die.

Residents need to take precautions against the mosquitoes that become infected with these viruses. These precautions include eliminating any standing water where mosquitoes tend to breed such as decorative fountains, buckets, old tires, drums and other containers. Also, changing water in flower vases, birdbaths, planters and animal watering dishes at least twice a week.

When outside at night, residents can reduce getting bit by mosquitoes by using insect repellent and by wearing lightweight clothing that covers arms and legs.

Townsend added that normally mosquitoes won't travel far from their breeding site, therefore it is important that residents not only eliminate breeding sites in their own yards, but work with neighbors to make sure everyone is doing their part.

This year, in anticipation of West Nile Virus, the State has increased its surveillance program and counties have been routinely testing sentinel chickens, mosquitoes and dead birds for WEE, WNV and St. Louis Encephalitis.

In Maricopa County, residents are encouraged to call the Environmental Citizens Complaint Line at 602.505.6616 or log on to www.maricopa.gov/envsvc to report a dead bird or register a mosquito complaint. For areas elsewhere, call the State Public Health Hotline at 1.800.314.9243 for more detailed information.

Antibiotic Susceptibility Among Reported Invasive *Streptococcus pneumoniae* Isolates Arizona, January – March 2003*

Antibiotic	Number Isolates Tested	Susceptible [n (%)]	Intermediate [n (%)]	Resistant [n (%)]
Penicillin	215	166 (77)	39 (18)	10 (5)
Ceftriaxone	164	159 (97)	4 (2)	1 (1)
Vancomycin	149	149 (100)	0	0
Erythromycin	155	139 (90)	2 (1)	14 (9)
Clindamycin	65	62 (95)	2 (3)	1 (2)
Levofloxacin	143	142 (99)	1 (1)	0

*Total of 307 cases of invasive pneumococcal disease with onset or diagnosis in January – March 2003; data are provisional as of June 2, 2003.

SUMMARY OF SELECTED REPORTABLE DISEASES

Year to Date (January - May, 2003)^{1, 2}

	Jan - May 2003	Jan - May 2002	5 Year Median Jan - May
VACCINE PREVENTABLE DISEASES:			
<i>Haemophilus influenzae</i> , serotype b invasive disease (<5 years of age)	4 (2)	3 (1)	4 (1)
Measles	1	0	0
Mumps	0	0	1
Pertussis (<12 years of age)	45 (24)	33 (21)	33 (21)
Rubella (Congenital Rubella Syndrome)	0 (0)	0 (0)	0 (0)
FOODBORNE DISEASES:			
Campylobacteriosis	303	227	196
<i>E.coli</i> O157:H7	11	6	10
Listeriosis	4	8	6
Salmonellosis	219	236	223
Shigellosis	191	108	138
VIRAL HEPATITIDES:			
Hepatitis A	108	155	193
Hepatitis B	146	79	75
Hepatitis B: non-acute ³	464	501	482
Hepatitis C	4	2	8
Hepatitis C: non-acute ³	1,477	2,247	743
INVASIVE DISEASES:			
<i>Streptococcus pneumoniae</i>	368	476	476
<i>Streptococcus</i> Group A	104	165	103
<i>Streptococcus</i> Group B in infants <30 days of age	13	11	14
Meningococcal Infection	12	19	19
SEXUALLY TRANSMITTED DISEASES:			
Chlamydia	6,320	6,096	5,294
Gonorrhea	1,671	1,443	1,652
P/S Syphilis (Congenital Syphilis)	71 (11)	93 (6)	71 (11)
DRUG-RESISTANT BACTERIA:			
TB isolates resistant to at least INH (resistant to at least INH & Rifampin)	0 (0)	4 (0)	0 (0)
Vancomycin resistant <i>Enterococci</i> isolates	458	434	330
VECTOR-BORNE & ZOONOTIC DISEASES:			
Hantavirus Pulmonary Syndrome	0	1	1
Plague	0	0	0
Animals with Rabies ⁴	29	72	35
ALSO OF INTEREST IN ARIZONA:			
Coccidioidomycosis	979	1,308	792
Tuberculosis	62	61	72
HIV	188	248	237
AIDS	245	248	269
Lead Poisoning (<16 years of age)	136 (111)	109 (96)	167 (96)

¹ Data are provisional and reflect case reports during this period except Lead Poisoning which is by date of diagnosis.

² These counts reflect the year reported or tested and not the date infected.

³ Case counts for non-acute Hepatitis B and C are not available before 1998.

⁴ Based on animals submitted for rabies testing.



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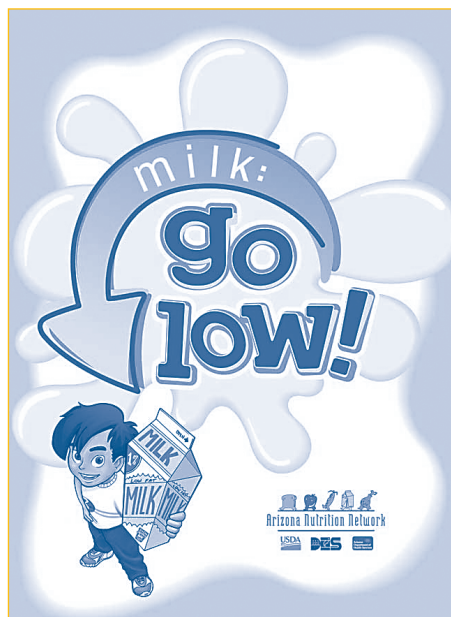
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Statewide Campaign Promotes One Percent or Fat-Free Milk Consumption

The Arizona Department of Health Services' Nutrition Network (AzNN) has launched a new campaign to generate public awareness about the essential vitamins and health benefits of drinking 1 percent or fat free milk. The new "Go Low" public awareness campaign calls for Arizona residents to choose low fat or fat free milks, which contain all the milk nutrients and provide many health benefits such as helping to reduce the risk of osteoporosis, heart disease, obesity, hypertension, and certain types of cancer.

According to guidelines from the National Dairy Council, Americans need to reduce their intake of total fat, saturated fat, and cholesterol and choosing reduced fat and fat free milks can help them do just that. The "Go Low" campaign encourages Arizonans, especially kids, to drink 1 percent or fat free milk.

The U.S. Department of Health and Human Services and the American Academy of Pediatrics agree



that after the age of two, children can switch from whole milk to 1% or skim milk.

"Beverage choices play an important role in the overall quality of our diets," says Margaret Tate, M.S., R.D., with the Office of Nutrition and

Chronic Disease Prevention Services. "One percent or fat free milk contains fundamental vitamins and minerals such as potassium, calcium, and vitamins."

The new public awareness campaign includes a television and radio commercial, posters, recipe cards and other materials encouraging milk consumption—the 1 percent or fat-free varieties—in a fun and playful manner starring fictional character Bobby B. Well. The radio and television commercials will air in English and Spanish.

Arizona Nutrition Network (AzNN), a public and private partnership led by the Arizona Department of Health Services' Office of Nutrition with the Department of Economic Security, Family Assistance Administration, delivers common nutrition messages to low-income families throughout the state. For more information, contact 1.800.695.3335 or go online to www.eatwellbewell.org.